

SERIAL NUMBER 09/478,231 REISSUE	FILING DATE 01/03/00	CLASS 600	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. OKTA-6-RE
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APPLICANT

KOICHIRO HORI, FRAMINGHAM, MA; HERBERT A. THALER, FRAMINGHAM, MA.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A RE OF 08/545,927 10/20/95 PAT 5,662,584
WHICH IS A CIP OF 08/319,886 10/07/94 PAT 5,582,576

jm

****371 (NAT'L STAGE) DATA*******

VERIFIED

nm jm

****FOREIGN APPLICATIONS*******

VERIFIED

nm jm

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/15/00 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 27	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Initials <u>nm</u> Initials <u>jm</u>					

ADDRESS

PANDISCIO & PANDISCIO
470 TOTTEN POND ROAD
WALTHAM MA 02154

TITLE

ZOOM LENS UNIT AND IMAGING DEVICE

FILING FEE RECEIVED \$345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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Bib Data Sheet



UNITED STATES DEPARTMENT OF COMMERCE
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SERIAL NUMBER 09/478,231	FILING DATE 01/03/2000 RULE -	CLASS 600	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. OKTA-6-RE
APPLICANTS KOICHIRO HORI, FRAMINGHAM, MA ; HERBERT A. THALER, FRAMINGHAM, MA ;				
** CONTINUING DATA ***** THIS APPLICATION IS A REI OF 08/545,927 10/20/1995 PAT 5,662,584 WHICH IS A CIP OF 08/319,886 10/07/1994 PAT 5,582,576				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 02/15/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY MA	SHEETS DRAWING 27	TOTAL CLAIMS 14
Verified and Acknowledged	Examiner's Signature _____ Initials _____			INDEPENDENT CLAIMS 3
ADDRESS PANDISCIO & PANDISCIO 470 TOTTEN POND ROAD WALTHAM ,MA 02451				
TITLE ENDOSCOPE WITH POSITION DISPLAY FOR ZOOM LENS UNIT AND IMAGING DEVICE				
FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	